

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90093 029 \*\*\*150.00

**DOCUMENT # P20829**



1. Entity Name  
**THE LEIDER HORTICULTURAL COMPANIES, INC.**

Principal Place of Business  
**5275 STEINER RD  
BOYNTON BCH FL 33436  
US**

Mailing Address  
**855 E APTAKISIC RD  
BUFFALO GROVE IL 60089-6678  
US**



2. Principal Place of Business  
**4501 TAMAMI TRAIL NORTH**

3. Mailing Address  
Suite, Apt. #, etc.  
**SUITE 300**

City & State  
**NAPLES, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **36-2771753**

Applied For  
 Not Applicable

Zip **34103** Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NAPLES-LAWDOCK, INC.  
4501 TAMAMI TRAIL NORTH  
SUITE 300  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PMD LEIDER, JAMES M. 855 E. APTAKISIC BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEIDER, GERARD F. 855 E. APTAKISIC BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEIDER, FRANCIS M 855 E APTAKISIC ROAD BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BARSS, MARY L 855 E APTAKISIC ROAD BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEIDER, MARK 855 E APTAKISIC BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KREUTER, MARGARET L 855 E APTAKISIC BUFFALO GROVE IL 60089</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francis M. Leider **FRANCIS M. LEIDER** **1-17-03** **847-634-4060**  
Date Daytime Phone #

CR2E034 (10/02)